

**STATE OF ARIZONA**  
**TOBACCO PRODUCT MANUFACTURER**  
**QUARTERLY ESCROW DEPOSIT CERTIFICATION**  
**PURSUANT TO A.R.S. § 44-7111**

**GENERAL INFORMATION**

**When must a Tobacco Product Manufacturer make its escrow deposit?**

Effective August 2, 2012, nonparticipating manufacturers with units sold in Arizona must “make the required escrow deposits in quarterly installments during the year in which the sales covered by the deposits are made.” A.R.S. § 44-7111(5)(g). Thus, nonparticipating manufacturers are required to make four quarterly escrow deposits, and those deposits are to be based on the units sold in the corresponding quarter. The quarterly deposit associated with those units sold is to be deposited by the following dates, along with the submission of the deposit certification to the Office of the Arizona Attorney General:

- |    |                                |   |
|----|--------------------------------|---|
| 1. | Quarter 1, January – March:    | on or before May 31                                       |
| 2. | Quarter 2, April – June:       | on or before August 31                                    |
| 3. | Quarter 3, July – September:   | on or before November 30                                  |
| 4. | Quarter 4, October – December: | on or before February 28 (of the following calendar year) |

For more General Information, please see the compliance certification forms for A.R.S. §§ 44-7101 and 44-7111 as well as the FAQs on the Arizona Attorney General’s website: <http://www.azag.gov/consumer/Tobacco>.

**SPECIFIC INSTRUCTIONS**

Part 1: Tobacco Product Manufacturer Identification. Identify the Tobacco Product Manufacturer’s name, physical address, mailing address, telephone and fax numbers, Email address, website address, and name/title of the person completing the Certification.

Part 2: Sales Quarter. List the sales quarter for the Units Sold in question. (NOTE: The Tobacco Product Manufacturer must complete a separate Certification for each quarter of sales in addition to the annual escrow statute compliance certification required pursuant to § A.R.S. 44-7101.)

Part 3: Units Sold. List the Tobacco Product Manufacturer’s total Units Sold in Arizona during the sales quarter listed in Part 2. See A.R.S. § 44-7101(2)(j) (definition of “Units Sold”). Next, list each brand family(ies) of cigarettes included in this total figure.

Part 4: Escrow Rates and Deposits. Multiply the Units Sold by the appropriate escrow rate for the sales quarter identified in Part 2 and write the result as the total.

Part 5: Financial Institution. Identify: (i) the name, mailing address, and telephone number of the financial institution where the Tobacco Product Manufacturer has established a Qualified Escrow Fund pursuant to A.R.S. § 44-7101(3)(b); and (ii) the escrow account number as well as the account number for the Arizona sub-account. Also, provide the total cumulative amount currently deposited in this escrow account for the benefit of the State of Arizona.

Part 6: Execution by Authorized Designee. The Designee executing this Certification must be an employee of the Tobacco Product Manufacturer identified in Part 1, and authorized to execute the Certification on the manufacturer’s behalf. The Designee’s name and title must be printed, and the Certification executed, in the presence of an authorized notary.

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**Part 1: Tobacco Product Manufacturer Identification**

Tobacco Product Manufacturer: \_\_\_\_\_

Physical Address (no post office box): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

Name/Title of Person Completing Certification: \_\_\_\_\_

**Part 2: Sales Quarter**

- |    |                                |   |
|----|--------------------------------|---|
| 1. | Quarter 1, January – March:    | on or before May 31                                       |
| 2. | Quarter 2, April – June:       | on or before August 31                                    |
| 3. | Quarter 3, July – September:   | on or before November 30                                  |
| 4. | Quarter 4, October – December: | on or before February 28 (of the following calendar year) |

The sales quarter for this Certification of Deposit is: \_\_\_\_\_

*(NOTE: The Tobacco Product Manufacturer must complete a separate Certification for each quarter of sales in addition to the annual escrow statute compliance certification required pursuant to A.R.S. § 44-7101.)*

**Part 3: Units Sold**

Total number of Units Sold (includes "roll-your-own" tobacco), for the Tobacco Product Manufacturer identified in Part 1 of this Certification during the sales quarter listed in Part 2 is (please provide "roll-your-own" figures in both ounces and individual cigarettes):

\_\_\_\_\_

The Units Sold figure provided in Part 3 of this Certification includes the Brand Family(ies) listed in the table below:

Brand Family		

**Part 4: Escrow Rates and Deposits**

For Liability Year 2012 and thereafter, the base rate per Unit Sold is 0.0188482.

To calculate the estimated escrow liability for the applicable sales quarter, multiply the Units Sold listed in Part 3 by **0.0291058** (2012 combined base rate and estimated annual inflation rate) and enter the amount here:

\$ \_\_\_\_\_

(Note: An estimated inflation adjustment rate has been provided because the actual rate cannot yet be calculated. The actual inflation adjustment rate is calculated each spring pursuant to the terms of Exhibit C of the MSA. After the rate is calculated and released to manufacturers, any adjustments to deposits must be made as part of the NPM escrow statute annual certification of compliance requirement due by April 15 of each year.)

**Part 5: Financial Institution**

Name of Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Escrow Account No: \_\_\_\_\_

Arizona Sub-Account No: \_\_\_\_\_

Total Amount Held for the State of Arizona for all Years and Quarters: \_\_\_\_\_

**NOTE: Please attach proof of deposit from the financial institution identified in Part 5.**

**Part 6: Execution by Authorized Designee**

Under penalty of perjury, I state that: (i) I have read the instructions included as part of this Certification; (ii) the information contained in this Certification, which includes all Exhibits and other attachments, is true and accurate; and (iii) I am an employee of the Tobacco Product Manufacturer identified in Part 1 and am authorized to execute this Certification on behalf of that Tobacco Product Manufacturer.

Designee (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

City or County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Mail this Quarterly Escrow Deposit Certification to:**

**Office of the Arizona Attorney General**  
Tobacco Enforcement Unit  
1275 W. Washington  
Phoenix, Arizona 85007-2926